

ART B - FEE(S) TRANSMITTAL

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OCT 16 2006
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35690 7590 08/28/2006

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
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10/17/2006 EARREGAY2 00000026 501505 10675601

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B. Noël Kivlin	(Depositor's name)
	(Signature)
10-5-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,601	09/29/2003	Tod Paulus	5797-00200	9996

TITLE OF INVENTION: APPARATUS AND METHOD FOR DIGITAL IMAGE CORRECTION IN A RECEIVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/28/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				
HAROON, ADEEL	2618	455-205000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Meyertons Hood Kivlin Kowert & Goetzel, P.C.
2 B. Noël Kivlin
3 Stephen J. Curran

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Silicon Laboratories, Inc.

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501505/5797-00200 (use an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 10-5-06

Typed or printed name

B. Noël Kivlin

Registration No. PTO # 33,929

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